

**GROUP BRIEFING AND INDIVIDUAL COUNSELING/FILING SESSIONS FOR EMPLOYEES
RETIRING FROM MAY 1, JUNE 1, JULY 1, AUGUST 1, SEPTEMBER 1, OCTOBER 1, AND
NOVEMBER 1, 2007**

The ERS has scheduled group retirement briefings and individual counseling sessions for employees retiring on May 1, June 1, July 1, August 1, September 1, October 1, or November 1, 2007. Staff will counsel employees individually on their retirement benefits and assist them with the completion of retirement and medical coverages.

If you wish to schedule an appointment, please select an appointment date and time and return the attached form at least 2 weeks prior to your session date. Your appointment must be at least 30 days prior to and no earlier than 150 days prior to your retirement date. If you are married, your spouse may also attend. A written confirmation of your appointment will be sent to you.

RETIREMENT DATE 2007	SESSION DATES	APPOINTMENT TIMES	LOCATION
May 1	March 29 (Thursday)	8 a.m. 10 a.m. 1 p.m.	Ala Wai Golf Course Clubhouse
June 1	March 29 (Thursday) April 12 (Thursday) April 19 (Thursday) April 27 (Friday)	8 a.m. 10 a.m. 1 p.m.	Ala Wai Golf Course Clubhouse
July 1	March 29 (Thursday) April 12 (Thursday) April 19 (Thursday) April 27 (Friday) May 10 (Thursday) May 18 (Friday) May 25 (Friday)	8 a.m. 10 a.m. 1 p.m.	Ala Wai Golf Course Clubhouse
August 1 September 1	March 29 (Thursday) April 12 (Thursday) April 19 (Thursday) April 27 (Friday) May 10 (Thursday) May 18 (Friday) May 25 (Friday) June 8 (Friday)	8 a.m. 10 a.m. 1 p.m.	Ala Wai Golf Course Clubhouse
October 1	May 10 (Thursday) May 18 (Friday) May 25 (Friday) June 8 (Friday)	8 a.m. 10 a.m. 1 p.m.	Ala Wai Golf Course Clubhouse
November 1	June 8 (Friday)	8 a.m. 10 a.m. 1 p.m.	Ala Wai Golf Course Clubhouse

Mail your registration form as soon as possible as each session is limited to 25 applicants.

REGISTRATION FORM

C: EU

Employees' Retirement System
201 Merchant Street, Suite 1400
Honolulu, HI 96813

(PLEASE PRINT)

Name: _____ SSN: _____
Address: _____ Phone: _____ (W) _____ (H)

Retirement Date: _____
Birth Date: _____

(Your retirement date must be the 1st of the month except for December when retirement can be either the 1st or 31st of the month)

The following information is needed for your registration:

(1) Session: 1st choice: _____ Date: _____ Time: _____
2nd choice: _____ Date: _____ Time: _____

(2) Do you need an application packet? Yes _____ No _____

(3) Please indicate your retirement plan: Contributory _____ Noncontributory _____ Hybrid _____

(4) What Union Organization are you with? _____

(5) Have you already filed a retirement application for your retirement date? Yes _____ No _____

(6) Do you have a current estimate? Yes _____ No _____

If No: Beneficiary Name: _____ Birth Date: _____

Relationship: _____

(7) Position Title: _____ State: _____ County of _____

(8) Department: _____

Note: This form must be submitted ONLY once to avoid doubling of appointments.

ERS Only

Initials: _____ Date: _____

State of Hawaii
Employees' Retirement System
201 Merchant Street, Suite 1400
Honolulu, HI 96813-2980

<http://www4.hawaii.gov/ers>

FOR ERS USE ONLY

Init: _____ Recd: _____

Send Confirmed

Worksheet: ☐ Date: _____

Packet: ☐ Time: _____

Initials: _____

☐ P ☐ F ☐ M ☐ S
☐ O ☐ O ☐ P ☐ F

REQUEST FOR RETIREMENT ESTIMATES

(SUBMIT FORM 8-12 MONTHS PRIOR TO RETIREMENT DATE)

Name: _____ First M.I. Last Suffix		Social Security No: _____		Ret Plan: Check One <input type="checkbox"/> Contributory <input type="checkbox"/> Noncontributory <input type="checkbox"/> Hybrid	
Mailing Address _____ _____ Apt. No. _____ City State Zip Code		Birth Date: _____ MM / DD / YYYY		Daytime Phone: () _____ Ext. _____ Alternate Phone: () _____ Ext. _____	
Retirement Date: (Choose Only One) _____ /01/ _____ or 12/31/ _____ MM YYYY YYYY		Retirement Type: <input type="checkbox"/> Regular or <input type="checkbox"/> Deferred or <input type="checkbox"/> Ordinary Disability or <input type="checkbox"/> Service-Connected Disability (Accident Date: _____ / _____ / _____)			
Your retirement date must be the 1st of the month except for December when retirement can be either the 1st or 31st of the month.					
Current or Last Employer: _____		Position Title: _____ Department: _____		<input type="checkbox"/> State or <input type="checkbox"/> County of _____	
Beneficiary Information					
Name: _____ First M.I. Last Suffix		Birth Date: _____ MM / DD / YYYY			
Relationship: _____		Social Security Number: _____			
If you have a pending claim for acquisition of service credit, check the type of service you are claiming and notate the date your claim was submitted: _____					
_____ * Military Service (Active Duty)		_____ Maternity Leave (Prior to 7/1/1973)		_____ Previous Service (Prior to Membership Date)	
* If you need to file a claim for military service, contact the ERS to request this claim form, or visit our website to print it. All requests and payments must be completed before your retirement date.					
List below any additional service you wish to claim: (Check <u>all</u> that apply)					
PERIOD(S)		EMPLOYER		EMPLOYMENT INFORMATION	
From (MM/YY)	To (MM/YY)	State or County	Department	Position Title	Full-time, Part-time, or Temporary